

5 myths about urinary tract infections (UTI) in nursing home residents

MYTH #1

A positive test (dipstick/culture) in the elderly always means presence of a UTI...



No, a substantial number of nursing home residents have bacteriuria and finding bacteria in the urine does not necessarily mean that the patient has a UTI.

MYTH #2

Antimicrobial resistance is not a problem in nursing homes...



There is a high prevalence of resistant bacteria in nursing homes and it may reduce the efficacy of antibiotic treatments.

MYTH #3

A single urinary symptom indicates high probability of UTI...



No. Only about half of patients with a single urinary symptom do have a UTI and to diagnose a UTI the urine should always be examined.

MYTH #4

Cognitive changes, agitation and confusion indicate high probability of UTI...



There are several possible causes of cognitive changes in the elderly, but UTI is not the most frequent one. Explore all possible causes, such as dehydration, pain, constipation, UTI, etc.

MYTH #5

When unsure of whether to prescribe an antibiotic or not ("better be safe than sorry"), the benefits of prescribing outweigh the harms of exposure to antibiotics...

All antibiotics have side effects and may cause more harm than benefit particularly in the elderly people.

Additionally, all use of antibiotics can lead to antimicrobial resistance. This means that antibiotics become ineffective and infections become increasingly difficult to treat.

